

02/26/02

02-28-02

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| Please type a plus sign (+) inside this box <input type="text"/> | |
| UTILITY PATENT APPLICATION TRANSMITTAL <small>Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | |

| | |
|------------------------|--|
| Attorney Docket No. | ORT-1586 |
| First Inventor | Stephen A. Ulrich et al. |
| Title | TASTE MASKED PHARMACEUTICAL FORMULATIONS |
| Express Mail Label No. | EL710839283US |

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17) *(submit an original and a duplicate for fee processing)*
2. Applicant claims small entity status.
3. Specification [Total Pages 21] *(Preferred arrangement set forth below)*
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s)(35 USC 113) [Total Sheets]
5. Oath or Declaration [Total Pages 3]
 - a. Unexecuted (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d)) *(for continuation/divisional with Box 18 completed)*
- i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Non-Provisional Continuation Divisional Continuation-in-Part (CIP) of prior application No.: 60/273,473, filed March 5, 2001.

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label **000027777** or Correspondence Address below

Name: Philip S. Johnson, Esq.
 Address: Johnson & Johnson
 One Johnson & Johnson Plaza
 New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Ellen Ciambrone Coletti at:

Telephone: (732) 524-2359 Fax: (732) 524-2808

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | |
|-----------|----------------------------|-----------------|
| NAME | Joseph Kentoffio | Reg. No. 33,189 |
| SIGNATURE | <i>Joseph S. Kentoffio</i> | |
| DATE | February 26, 2002 | |

11002 U.S. PTO
02/26/02

FEE TRANSMITTAL*Complete if Known*

| | |
|------------------------|--------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Stephen A. Ulrich et al. |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | ORT-1586 |

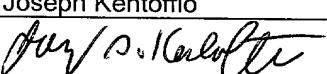
FEE CALCULATION

CLAIMS AS FILED

| (1) | (2) | (3) | (4) | (5) |
|---------------------------|--------------------------|--------------|------------|-----------------------|
| FOR: | NUMBER FILED | NUMBER EXTRA | RATE | BASIC FEE \$740.00 |
| TOTAL CLAIMS | 14 - 20 = | 0 | x 18.00 | \$ 0.00 |
| INDEPENDENT CLAIMS | 1 - 3 = | 0 | x 84.00 | \$ 0.00 |
| MULTIPLE DEPENDENT CLAIMS | <input type="checkbox"/> | N/A | \$280.00 | |
| | | | TOTAL FEES | \$ 740.00 |

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/ORT-1586/ECC in the amount of \$740.00.
Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT-1586/ECC. Three copies of this sheet are enclosed.

| SUBMITTED BY: | | <i>Complete (if applicable)</i> |
|-----------------------|---|---|
| Typed or Printed Name | Joseph Kentoffio | Reg. No. 33,189 |
| Signature |  | Date: 2/26/02 Deposit Account No. 10-0750 |

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: Stephen A. Ulrich and Karen R. Zimm

For : TASTE MASKED PHARMACEUTICAL FORMULATIONS

Express Mail Certificate

"Express Mail" mailing number: EL710839283US

Date of Deposit: February 26, 2002

I hereby certify that this complete application, including specification pages, claims, Declaration and Power of Attorney, and transmittal letter, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Karen Hall-Morgan
(Typed or printed name of person mailing paper or fee)

Karen Hall-Morgan
(Signature of person mailing paper or fee)